

“Keeping providers up to date: What happens after formal training”



Gustaaf Wolvaardt

MBChB (Pret) MMed(Int) (Pret), FCP(SA), AMP (MBS)
Foundation for Professional Development



Introduction

The FPD/SAHCS HIV Clinical Management Course

- Introduced in September 2001 by the Foundation for Professional Development in association with the Southern African HIV Clinician Society – this short course has trained **12,094** health care providers to date
- The course has proved extremely popular with participants and delegate evaluations has consistently been high and demand has consistently outstripped supply





Rationale for introducing the course was a belief:

- That a **lack of trained providers** will significantly hamper efforts to scale up access to ART
- That it is essential to develop these skills at a **primary care** provider level.
- That it is possibility to **rapidly develop** such skills in a large group of providers



2003 Study on the impact of training had a question on where prior knowledge on HIV/AIDS was attained (top 3)

■ GPs

- ☐ #1 Self Study (journal, textbooks) 44%
- ☐ #2 Clinical experience 21%
- ☐ #3 Workshops 18%

■ Undergraduate studies 7.5%

■ Nurses

- ☐ # 1 Workshops 57%
- ☐ # 2 Self study (journals etc) 20%
- ☐ # 3 In service training 13%

■ Undergraduate studies 5%



Objectives of the course

- To ensure a benchmark level of knowledge amongst all healthcare professional who provides care to people living with HIV/AIDS with regard to:
 - ☐ ability to diagnose,
 - ☐ initiate therapy including ART
 - ☐ treat opportunistic infections
 - ☐ counseling, adherence and other aspects relating to HIV management

Educational Programme Methodology





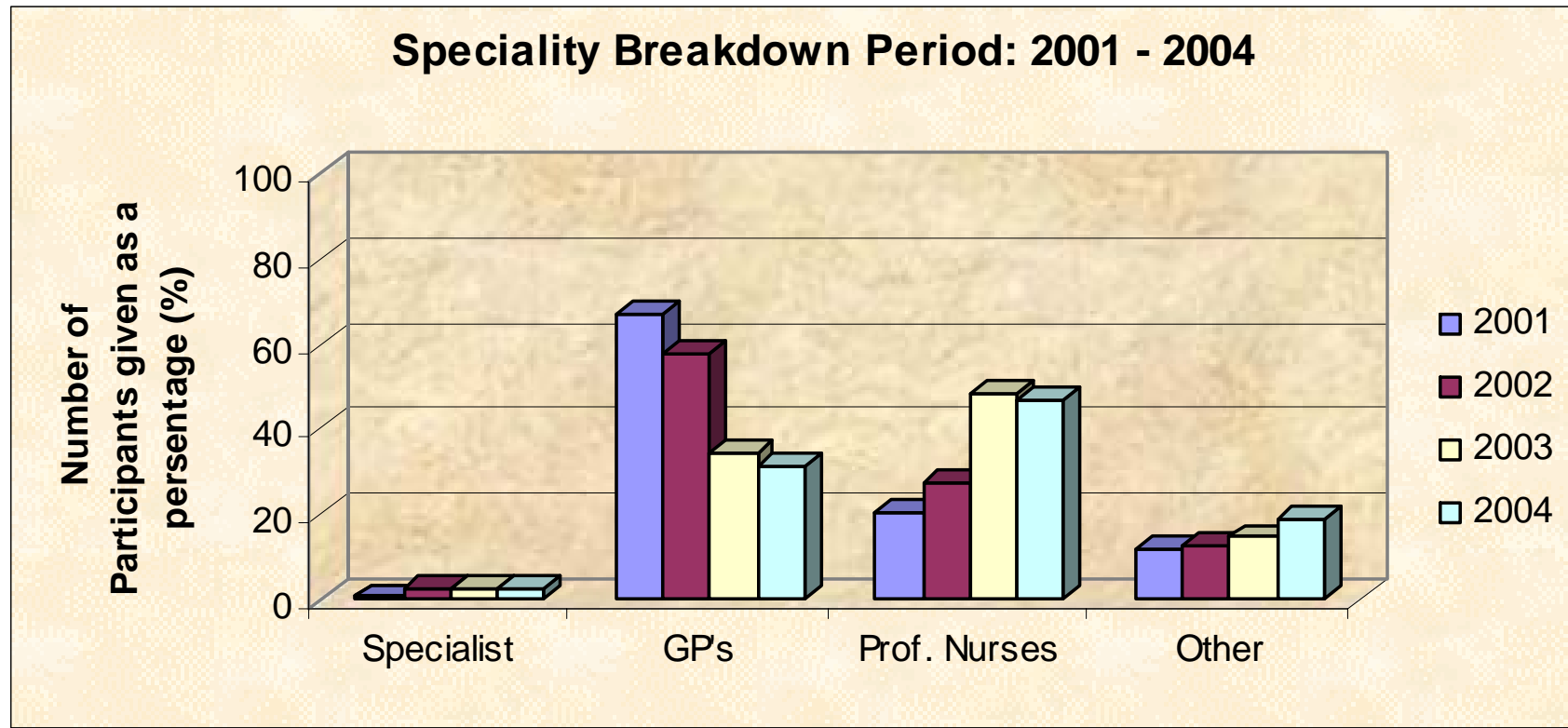
Educational Methodology

- Format: Combination of 3 days of non-didactic contact sessions with subsequent assessed self study using detailed study guides (Total educational time including self study 80 to 100 hours)
 - Faculty are expert clinicians and expert patients
 - Delivered as close to where health care providers work as possible
- Methodology attempts to limit
 - time away from work (3 days contact time often over week ends)
 - access to training as a barrier (29 sites) and
 - cost as a barrier (no or low cost)



Student numbers

- *12,094 Health Care Professionals have been trained since September 2001*
- ***3960 trained in 2004***
- ***Male:Female*** ***39,6%:60,4%***
- ***White:PDG*** ***30,2%:69,8%***
- ***Urban Areas:Rural Areas*** ***45%:55%***



Note in 2003 and 2004 the training initiative has been focusing on the public and rural sector. As a result the number of General Practitioners (who are 90% working in urban provinces) is decreasing and the number of nurses is increasing

Geographical distribution of training activities

- All Provinces in South Africa

- ☐ Majority of activities

- International:

- ☐ Swaziland
- ☐ Lesotho
- ☐ Kenya
- ☐ Zimbabwe
- ☐ Zambia
- ☐ Tanzania
- ☐ Namibia
- ☐ Botswana
- ☐ Mozambique





Alumni Programme



Rationale

- The training was predominantly focused on task shifting ART from specialists to GPs
- Concern was that such generalists unlike specialists do not automatically stay abreast with new developments in a specialist field such as HIV/AIDS



Components



Clinical mentorship by faculty

- Expert faculty drawn from experienced specialists provide on demand support via telephone

Membership of a special intervention group



- All participants receive one year's free membership of the Southern African HIV Clinician Society
- Most retained their membership
- Society membership increased from ~1500 in 2001 to 10,000+ in 2005

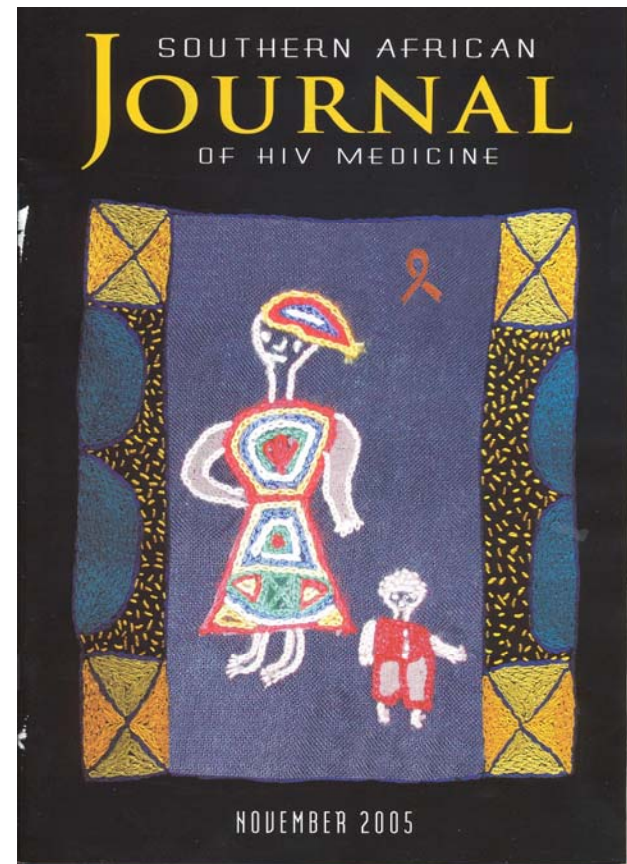


Access to a news letter

- Alumni receive newsletter 4 time per year either via e mail or fax

Access to a HIV journal

- Alumni receive quarterly a copy of the Southern African HIV Journal at no cost





Regular CME updates

- Evening CME talks are offered usually on a monthly basis at 26 branches of the SAHCS in Southern Africa
- Potential of monthly 1 hour TV broadcast CME updates



Annual one day update seminars

- Started in 2005 annual updates
 - One day update seminars are offered at no cost for alumni



Conclusion



Conclusions

- That post training CME is well received and popular with participants
- That there is a need for a variety of post training interventions to optimize learning opportunities



Recommendations



Recommendation

- That post training CME should be an integral component of training programmes in order to ensure that generalists are exposed to new developments

gustaafw@foundation.co.za
www.foundation.co.za

